

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

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COVER PAGE

CALIFORNIA
FORM 460

Page _____ of _____

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from July 1, 2006
through Sept 30, 2006

Date of election if applicable:
(Month, Day, Year)
Nov 7, 2006

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
- ☒ Amendment (Explain below)
Adjusted Income & expense from Jan 01, 2006 - June 30, 2006
Salary
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Lodi Citizens for Public Facilities

STREET ADDRESS (NO P.O. BOX)

166 So. Orange St

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 (209) 369-1451

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Cindy Griffin

MAILING ADDRESS

783 Palm Ave

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Nov 26, 2006
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By Jd SG
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lodi Citizens for Public Facilities

Statement covers period

from July 1, 2006

through Sept 30, 2006

Page _____ of _____

I.D. NUMBER

1267445

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 200-	\$ 2,800-
2. Loans Received	Schedule B, Line 3	2,200-	2,200-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 2,500-	\$ 5,100-
4. Nonmonetary Contributions	Schedule C, Line 3	250-	250-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 2,750-	\$ 5,350-

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 1,570.15	\$ 2,616.61
7. Loans Made	Schedule H, Line 3	&	&
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1,570.15	\$ 2,616.61
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	&	&
10. Nonmonetary Adjustment	Schedule C, Line 3	250-	250-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 1,820.15	\$ 2,866.61

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 2,190.01
13. Cash Receipts	Column A, Line 3 above	2,500.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	&
15. Cash Payments	Column A, Line 8 above	1,570.15
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,119.86

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.